

Department of Health and Human Services
Program Support Center
Human Resources Service
Division of Commissioned Personnel

**INSTRUCTIONS FOR COMPLETION OF THE SF-93,
“REPORT OF MEDICAL HISTORY” (Rev. 6/96)
Junior Commissioned Student Training and Extern Program (JRCOSTEP) ONLY**

NOTE: Failure to complete SF-93 according to these instructions will delay your medical clearance, which is required prior to appointment.

1. All items except items #5 and #25 must be completed. (A physician's services are not necessary to complete this form.)

In particular, remember:

- a. Item #7- Describe the state of your health. List the medications currently used and the conditions for which they are used.
 - b. Item #24- Your printed or typed name, your signature, and the current date are required in the spaces provided.
2. All positive history and each positive answer must be explained in detail. Include in your explanations diagnoses, dates, duration, frequency of episodes, extent, treatment, and present symptoms and/or functional limitations.
3. Additional Medical Information:
 - a. Height: _____ (in inches – no shoes)
 - b. Weight: _____ (in pounds – light clothing)
 - c. Age: _____ (in years)
4. Please return this instruction sheet with your SF-93, “Report of Medical History,” to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Recruitment and Assignment Branch
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001

Applicant's Signature

Social Security Number

Applicant's Printed Name

Date